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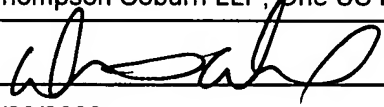
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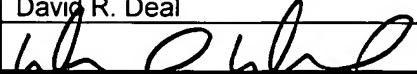
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/032,872
	Filing Date	12/26/2001
	First Named Inventor	Boyd
	Group Art Unit	3677
	Examiner Name	Ho, Thomas Y.
Total Number of Pages in This Submission		Attorney Docket No. 26422/20650

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Charge Deposit Account -20-0823 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard
Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount: _____		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		PATENT TRADEMARK OFFICE
Firm or Individual Name	David R. Deal, Reg. No. 48,204 Thompson Coburn LLP, One US Bank Plaza, St. Louis, MO 63101	
Signature		
Date	9/23/2003	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. date: 09/23/2003			
Typed or printed name	David R. Deal		
Signature		Date	09/23/2003

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IN THE UNITED STATES PATENT AND TRADEMARK
OFFICE

Application of:	Boyd	Group No.:	3677
Serial No.:	10/032,872	Atty. Docket No.:	26422/20650
Filed:	12/26/2001		
For:	Air mattress with pillow top	Examiner:	Ho

Commissioner of Patents and Trademarks

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AMENDMENT C AND RESPONSE

HONORABLE SIR:

Responsive to the official communication of July 11, 2003, Applicant submits the following Amendments and Remarks.

It is not believed that extensions of time are required beyond those which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 20-0823.

Please amend the above-identified application as set forth below.